

09/839171

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>None</i>		<i>04-26-01</i>
O.I.P.E. CLASSIFIER			
FORMALTY REVIEW	<i>CM</i>	<i>135</i>	<i>6/28</i>
RESPONSE FORMALTY REVIEW	<i>LF</i>	<i>1627</i>	<i>10/03/01</i>

INDEX OF CLAIMS

✓ Rejected	N Non-elected
= Allowed	I Interference
-	(Through numeral)..... Canceled	A Appeal
+ Restricted	O Objected

Claim	Date
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If more than 150 claims or 10 actions
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Final Claim	Original Claim	Date					Final Claim	Original Claim	Date					Final Claim	Original Claim	Date				
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	152							202							252					
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